

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/182,831	10/29/98	600	3737	1798.105US01

APPLICANT

ALLEN W. GROENKE, BLOOMINGTON, MN; JAMES E. BREWER, COTTAGE GROVE, MN.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED

CHL <sup>none</sup>  
3/23/00

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

CHL <sup>none</sup>  
3/23/00

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

CHL <sup>none</sup>  
3/23/00

FOREIGN FILING LICENSE GRANTED 11/17/98

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>CHL</u> Examiner's Initials	<u>CHL</u> Initials	MN	17	38	4

ADDRESS

PAUL W STANGA  
PATTERSON & KEOUGH  
4800 IDS CENTER  
80 SOUTH 8TH STREET  
MINNEAPOLIS MN 55402-2100

TITLE

AED WITH FORCE SENSOR

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$634		